



RCE/3738

TRANSMITTAL FORM

*(to be used for all correspondence during pendency of
filed application)*

 TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>	Application Number	09/903,831	
	Filing Date	July 11, 2001	
	First Named Inventor	Thomas J. Maginot	
	Group Art Unit Number	3738	
	Examiner Name	Paul B. Prebilic	
Total Number of Pages in This Submission	58	Attorney Docket Number	22220-06167

ENCLOSURES (*check all that apply*)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)
<input checked="" type="checkbox"/> - Check Enclosed | <input type="checkbox"/> Issue Fee Transmittal |
| <input checked="" type="checkbox"/> Return Receipt Postcard | <input type="checkbox"/> Letter to Chief Draftsperson |
| <input type="checkbox"/> Response to Notice to File Missing Parts | <input type="checkbox"/> Formal Drawing(s):
<input type="checkbox"/> [] Sheet(s) of Figure(s) [] |
| <input type="checkbox"/> Assignment & Recordation Cover Sheet | <input type="checkbox"/> Appeal Communication to Board of Appeals and
Interferences |
| <input type="checkbox"/> Declaration | <input type="checkbox"/> Appeal Communication to Group
<i>(Appeal Notice, Brief, Reply Brief)</i> |
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Certified Copy of Priority Document(s) |
| <input type="checkbox"/> Application Data Sheet | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A | <input type="checkbox"/> |
| <input type="checkbox"/> Copies of IDS Cited References | <input type="checkbox"/> |
| <input type="checkbox"/> Request for Corrected Filing Receipt | <input type="checkbox"/> |
| <input type="checkbox"/> Request for Correction of Recorded Assignment | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Amendment/Response: 55 Pages | <input type="checkbox"/> |
| <input type="checkbox"/> After Final | <input type="checkbox"/> |
| <input type="checkbox"/> Status Request | <input type="checkbox"/> |
| <input type="checkbox"/> Revocation and Substitute Power of Attorney | <input type="checkbox"/> |

REMARKS:

SIGNATURE OF ATTORNEY OR AGENT

Signature:			
Attorney/Reg. No.:	Albert C. Smith, Reg No. 20,355	Dated:	2/24/06

CERTIFICATE OF MAILING

I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.

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